

APR. 24. 2007 1:46PM

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NO. 0277 P. 2

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4118). <b>FEE TRANSMITTAL FOR FY 2005</b>		Complete If Known		<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>APR 24 2007</b>	
		Application Number	10/736,329		
		Filing Date	December 16, 2003		
		First Named Inventor	Harue NAKASHIMA et al.		
		Examiner Name	Jimmy Lin		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1762		
TOTAL AMOUNT OF PAYMENT (\$)		910.00		Attorney Docket No.	740756-2685

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account   Deposit Account Number: 19-2380   Deposit Account Name: \_\_\_\_\_  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s)   ☐ Credit any overpayments  
 under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180
<b>Total Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
<b>Multiple Dependent Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
HP = highest number of independent claims paid for, if greater than 3		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number)	X _____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: RCE (\$790.00) and one-month EOT (\$120.00) fees

**\$ 910.00**

<b>SUBMITTED BY</b>		
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